| Eill | in this | is information to identify your case: | | | |
|---------|----------------------|---|------------------|--------------|------------------------------|
| | tor 1 | | | | |
| Dep | ioi i | Paul James Stowe First Name Middle Name Last Name | | | |
| 1 | tor 2 use if, fil | | | | |
| Unit | ed Sta | states Bankruptcy Court for the: SOUTHERN DISTRICT OF MISSISSIPPI | | | |
| Cas | e num | mber | | | |
| (if kno | | | | _ | cif this is an ded filing |
| | | | | | |
| | | al Form 106Sum | | | |
| | | nary of Your Assets and Liabilities and Certain Statistical Info | | | 12/15 |
| infor | matic | mplete and accurate as possible. If two married people are filing together, both are equally ion. Fill out all of your schedules first; then complete the information on this form. If you are ginal forms, you must fill out a new <i>Summary</i> and check the box at the top of this page. | | | |
| Part | : 1: | Summarize Your Assets | | | |
| | | | | Your a | ssets of what you own |
| 1. | | hedule A/B: Property (Official Form 106A/B) Copy line 55, Total real estate, from Schedule A/B | | \$ | 125,000.00 |
| | 1b. C | Copy line 62, Total personal property, from Schedule A/B | | \$ | 73,379.54 |
| | 1c. C | Copy line 63, Total of all property on Schedule A/B | | \$ | 198,379.54 |
| Part | : 2: | Summarize Your Liabilities | | | |
| | | | | | abilities t you owe |
| 0 | 0-6- | heads to De Conditions Who Have Claims Consumed by Drawn att. (Official Form 400D) | | Amoun | t you owe |
| 2. | | hedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of | Schedule D | \$ | 79,169.00 |
| 3. | | hedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | | \$ | 0.00 |
| | 3b. C | Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | | \$ | 19,931.00 |
| | | | | | |
| | | Your t | otal liabilities | \$ | 99,100.00 |
| Part | 3: | Summarize Your Income and Expenses | | 1 | - |
| 4. | | hedule I: Your Income (Official Form 106I) | | | |
| 4. | | by your combined monthly income from line 12 of Schedule I | | \$ | 11,513.65 |
| 5. | | hedule J: Your Expenses (Official Form 106J) by your monthly expenses from line 22c of Schedule J | | \$ | 6,677.32 |
| Part | : 4: | Answer These Questions for Administrative and Statistical Records | | | |
| 6. | | e you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the | e court with yo | ur other sch | nedules. |
| 7. | | Yes at kind of debt do you have? | | | |
| | | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individu | al primarily for | a personal. | family, or |
| | | household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 1 | | , | , , , , |
| | | Your debts are not primarily consumer debts. You have nothing to report on this part of the fo | rm. Check this | box and s | ubmit this form to |

the court with your other schedules.

25-00968-KMS Dkt 4 Filed 04/15/25 Entered 04/15/25 07:57:16 Page 2 of 51

| Debtor 1 Debtor 2 | Paul James Stowe Leslie Goins Stowe | Case number (if known) | |
|----------------------|---|------------------------|----------------|
| | n the <i>Statement of Your Current Monthly Income</i> : Cop A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Li | | \$ 7,855.76 |

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total clair | n |
|--|-------------|------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

25-00968-KMS Dkt 4 Filed 04/15/25 Entered 04/15/25 07:57:16 Page 3 of 51

| Dah | | nation to identify | | ns ming. | | | | | | |
|-----------------|--|--|---|---|---|---------------------------|--------------|---|--|--|
| Deb | tor 1 | Paul James First Name | | e Name | Last Name | | | | | |
| | tor 2 | Leslie Goins | | News | Lord Nove | | | | | |
| | use, if filing) | First Name | | e Name | Last Name | | | | | |
| Unit | ed States Bar | nkruptcy Court for | the: SOUTHER | N DISTRICT OF MIS | SISSIPPI | | | | | |
| Cas | e number | | | | _ | | | ☐ Check if this is ar amended filing | | |
| ~ £ı | ::a! □ a. | 400 A /F | | | | | | | | |
| | | <u>rm 106A/E</u> e A/B: P ı | _ | | | | | 12/15 | | |
| nink nfori | it fits best. Be mation. If more ver every quest | e as complete and e space is needed, tion. | accurate as possik attach a separate : | le. If two married people heet to this form. On th | an asset fits in more than one e are filing together, both are the top of any additional pages wn or Have an Interest In | equally respon | sible for su | pplying correct | | |
| ■ 1.1 | Yes. Where is | the property? | | What is the property | y? Check all that apply | | | | | |
| | | y 11 and 80 f available, or other des | cription | ☐ Duplex or mul | ☐ Single-family home ☐ Do not dedute the amount Creditors W | | | luct secured claims or exemptions. Put t of any secured claims on <i>Schedule D:</i> Who Have Claims Secured by Property. | | |
| | Meridian City | MS State | 39301-0000 ZIP Code | ■ Manufactured ■ Land □ Investment pr | or mobile home | Current valuentire proper | | Current value of the portion you own? \$125,000.00 | | |
| | | | | ☐ Timeshare ☐ Other ☐ Who has an interest ☐ Debtor 1 only | t in the property? Check one | | simple, ten | our ownership interest ancy by the entireties, or | | |
| | Lauderdale | е | | Debtor 2 only | | | | | | |
| | County | | | | of the debtors and another rou wish to add about this item | (see instru | uctions) | munity property | | |
| | | | | | | | | | | |

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

25-00968-KMS Dkt 4 Filed 04/15/25 Entered 04/15/25 07:57:16 Page 4 of 51

| | otor 1 otor 2 | Paul James Leslie Goins | | | Case number (if known) | |
|-------------|------------------|----------------------------|--|--|---------------------------|--|
| 3. C | ars, van | s, trucks, trac | tors, sport utility ve | hicles, motorcycles | | |
| | l No | | | | | |
| | Yes | | | | | |
| | 100 | | | | | |
| 3.1 | Make: | Dodge | | Who has an interest in the property? Check one | | ired claims or exemptions. Put |
| | Model | D | | ■ Debtor 1 only | | secured claims on Schedule D: re Claims Secured by Property. |
| | Year: | 2016 | | Debtor 2 only | Current value of t | |
| | Approx | ximate mileage: | 105000 | Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| | Other | information: | | ☐ At least one of the debtors and another | | |
| | | | | ☐ Check if this is community property (see instructions) | \$16,184 | \$16,184.70 |
| 5 A | ages yo | ou have attach | ned for Part 2. Write | n for all of your entries from Part 2, including that number hereems ems terest in any of the following items? | | \$16,184.70 Current value of the portion you own? |
| 0 11 | | ld maada amd | formishin as | | | Do not deduct secured claims or exemptions. |
| E | Examples I No | , | nces, furniture, linens | , china, kitchenware | | |
| | Yes. L | Describe | | | | |
| | | | Household Goo | ds | | \$11,500.00 |
| | ,] No | s: Televisions a | and radios; audio, vid Il phones, cameras, m | eo, stereo, and digital equipment; computers, pri nedia players, games | nters, scanners; music co | ollections; electronic devices |
| | | | Electronics | | | \$1,850.00 |
| | Examples ☐ No | | d figurines; paintings, ions, memorabilia, co | prints, or other artwork; books, pictures, or other llectibles | art objects; stamp, coin, | or baseball card collections; |
| | | | Funko Pops | | | \$400.00 |
| | | | I-uliko Fops | | | φ400.00 |
| | | | | | | |
| | | | Music Memorab | pilia | | \$600.00 |

25-00968-KMS Dkt 4 Filed 04/15/25 Entered 04/15/25 07:57:16 Page 5 of 51

| Debtor Debtor | | |
|--|--|---|
| Exai | pment for sports and hobbies mples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes a musical instruments oes. Describe | nd kayaks; carpentry tools; |
| 10. Fire <i>Ex</i> a | arms amples: Pistols, rifles, shotguns, ammunition, and related equipment | |
| - 1 | Cva Inline Muzzleloader 50 Cal | \$125.00 |
| | | |
| | Pistol Taurus Pt145 Pro | \$350.00 |
| □и | amples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories | |
| | Clothing | \$5,000.00 |
| □и | amples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, go | old, silver \$5,200.00 |
| | Necklace | \$300.00 |
| | Necklace | \$8.00 |
| | St Christopher Necklace | \$15.00 |
| Exa ■ N □ Y 14. Any ■ N | es. Describe other personal and household items you did not already list, including any health aids you did not list | |
| | Id the dollar value of all of your entries from Part 3, including any entries for pages you have attached r Part 3. Write that number here | \$25,348.00 |
| Part 4: | Describe Your Financial Assets | |
| Do you | own or have any legal or equitable interest in any of the following? | Current value of the portion you own? Do not deduct secured claims or exemptions. |

25-00968-KMS Dkt 4 Filed 04/15/25 Entered 04/15/25 07:57:16 Page 6 of 51

| Debtor 1 Debtor 2 | Leslie Goins Stov | | Case number (if known) | |
|----------------------|-------------------------------------|---|---|----------------------|
| ☐ No | mples: Money you have i | | ome, in a safe deposit box, and on hand when you file your petition | |
| | | | Cash | \$0.00 |
| | institutions. If you | | ounts; certificates of deposit; shares in credit unions, brokerage houses, as with the same institution, list each. | nd other similar |
| | S | | Institution name: | |
| | 17 | .1. Checking | Regions-3951 | \$10.35 |
| | 17 | .2. Checking | Regions-6790 | \$498.00 |
| | 17 | .3. Savings | Regions | \$38.49 |
| | 17 | .4. | H&R Block prepaid card | \$1,300.00 |
| 19. Non- | spublicly traded stock a venture | Institution or issuer | name: orated and unincorporated businesses, including an interest in an Li | ∟C, partnership, and |
| ☐ Ye: | s. Give specific informat | ion about them Name of entity: | % of ownership: | |
| Nege Non: ■ No | otiable instruments includ | de personal checks, car are those you cannot tra | otiable and non-negotiable instruments shiers' checks, promissory notes, and money orders. ansfer to someone by signing or delivering them. | |
| 21. Retir | ement or pension acco | Issuer name: unts | 400(h) shaift an inn ann an | |
| □ No | | | 403(b), thrift savings accounts, or other pension or profit-sharing plans | |
| ■ Yes | s. List each account sepa Ty | pe of account: | Institution name: | |
| | | | TSP | Unknown |
| | | | FERS | Unknown |
| Your | | osits you have made so | o that you may continue service or use from a company public utilities (electric, gas, water), telecommunications companies, or ot | hers |
| ☐ Ye | S | | Institution name or individual: | |

| | ebtor 1 ebtor 2 | | es Stowe ins Stowe | | | Case number (if known) | |
|-----|--------------------|---------------------|---|---|--------------------|-----------------------------|---|
| 23. | _ | es (A contra | ct for a periodic pay | ment of money to you, either for life or | for a number of | years) | |
| | ■ No □ Yes | | Issuer name and | description. | | | |
| 24. | Interests | s in an educ | eation IRA, in an ad 1), 529A(b), and 52 | ccount in a qualified ABLE program, 9(b)(1). | or under a qua | lified state tuition progra | nm. |
| | ■ No □ Yes | | Institution name a | and description. Separately file the reco | rds of any intere | sts.11 U.S.C. § 521(c): | |
| 25. | Trusts, ■ No | equitable o | r future interests i | n property (other than anything listed | d in line 1), and | rights or powers exercis | sable for your benefit |
| | ☐ Yes. | Give specific | information about | them | | | |
| 26. | | | | le secrets, and other intellectual proposites, proceeds from royalties and lice | | ts | |
| | ☐ Yes. | Give specific | information about | them | | | |
| 27. | _Examp | | es, and other gene permits, exclusive | eral intangibles licenses, cooperative association holdin | ngs, liquor licens | es, professional licenses | |
| | ■ No □ Yes. | Give specific | information about | them | | | |
| M | oney or p | property ow | ed to you? | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | □ No ■ Yes. 0 | Give specific | information about t | hem, including whether you already file Federal Tax Refund | d the returns an | d the tax years | \$10,000.00 |
| | | | | Todordi Tax Nordila | | | Ψ10,000.00 |
| | | | | State Tax Refund | | | \$10,000.00 |
| | | | | | | | |
| | | | | EIC | | | \$10,000.00 |
| 29. | ■ No | les: Past due | e or lump sum alimo | ony, spousal support, child support, mai | intenance, divor | ce settlement, property set | tlement |
| 30. | Examp | les: Unpaid | | surance payments, disability benefits, si made to someone else | ck pay, vacation | ı pay, workers' compensat | tion, Social Security |
| | ■ No □ Yes. | Give specific | c information | | | | |
| 31. | Interest | ts in insurai | nce policies | urance; health savings account (HSA); o | credit, homeown | er's, or renter's insurance | |
| | ☐ Yes. N | Name the ins | surance company o | f each policy and list its value. | | | |

25-00968-KMS Dkt 4 Filed 04/15/25 Entered 04/15/25 07:57:16 Page 8 of 51

| Debtor 1 Debtor 2 | Paul James Stowe Leslie Goins Stowe | Case number (if known) | Case number (if known) | | |
|----------------------|--|---|----------------------------|--|--|
| | Company name: | Beneficiary: | Surrender or refund value: | | |
| If you somed | terest in property that is due you from someone who leare the beneficiary of a living trust, expect proceeds from some has died. | | eive property because | | |
| ■ No □ Yes. | Give specific information | | | | |
| | s against third parties, whether or not you have filed a ples: Accidents, employment disputes, insurance claims, o | | | | |
| ☐ Yes. | Describe each claim | | | | |
| 34. Other (| contingent and unliquidated claims of every nature, in | cluding counterclaims of the debtor and rights to | set off claims | | |
| ☐ Yes. | Describe each claim | | | | |
| 35. Any fir | nancial assets you did not already list | | | | |
| | Give specific information | | | | |
| for Pa | the dollar value of all of your entries from Part 4, inclu art 4. Write that number here | | \$31,846.84 | | |
| 37. Do you (| own or have any legal or equitable interest in any business-re | elated property? | | | |
| ■ No. Go | o to Part 6. | | | | |
| ☐ Yes. 0 | Go to line 38. | | | | |
| | escribe Any Farm- and Commercial Fishing-Related Property \ you own or have an interest in farmland, list it in Part 1. | You Own or Have an Interest In. | | | |
| ` | u <mark>own or have any legal or equitable interest in any far</mark> Go to Part 7. | m- or commercial fishing-related property? | | | |
| _ | s. Go to line 47. | | | | |
| Dort 7: | Describe All Property You Own or Have an Interest in That | Vov. Did Not List Above | | | |
| Part 7: | Describe All Property You Own or have an interest in That | Tou Did Not List Above | | | |
| _Exam | u have other property of any kind you did not already I ples: Season tickets, country club membership | ist? | | | |
| ■ No □ Yes. | Give specific information | | | | |
| | | | | | |
| 54. Add 1 | the dollar value of all of your entries from Part 7. Write | that number here | \$0.00 | | |

25-00968-KMS Dkt 4 Filed 04/15/25 Entered 04/15/25 07:57:16 Page 9 of 51

| Debtor 1 Debtor 2 | | | | Case number (if known) | |
|----------------------|--|--------|-------------|------------------------------|--------------|
| Part 8: | List the Totals of Each Part of this Form | | | | |
| 55. Par | rt 1: Total real estate, line 2 | | | | \$125,000.00 |
| 56. Par | rt 2: Total vehicles, line 5 | | \$16,184.70 | | |
| 57. Par | rt 3: Total personal and household items, line 15 | | \$25,348.00 | | |
| 58. Par | rt 4: Total financial assets, line 36 | | \$31,846.84 | | |
| 59. Par | rt 5: Total business-related property, line 45 | | \$0.00 | | |
| 60. Par | rt 6: Total farm- and fishing-related property, line 52 | | \$0.00 | | |
| 61. Par | rt 7: Total other property not listed, line 54 | + | \$0.00 | | |
| 62. Tot | tal personal property. Add lines 56 through 61 | _ | \$73,379.54 | Copy personal property total | \$73,379.54 |
| 63. Tot | tal of all property on Schedule A/B. Add line 55 + line 62 | ; : | | | \$198,379.54 |

| Fill in this infor | mation to identify your | case: | | |
|---------------------|--------------------------|-------------------|----------------|--------------------------------------|
| Debtor 1 | Paul James Stow | re | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Leslie Goins Stov | we | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | SOUTHERN DISTRICT | OF MISSISSIPPI | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is an amended filing |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/25

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim | | Specific laws that allow exemption | |
|--|---|-----------------------------------|---|------------------------------------|--|
| | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | | |
| 2095A Hwy 11 and 80 Meridian, MS 39301 Lauderdale County | \$125,000.00 | | \$73,651.00 | Miss. Code Ann. § 85-3-21 | |
| Line from Schedule A/B: 1.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| 2016 Dodge Ram 105000 miles Line from Schedule A/B: 3.1 | \$16,184.70 | | \$0.00 | Miss. Code Ann. § 85-3-1(a) | |
| Line from Schedule A/B: 3.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| Household Goods Line from Schedule A/B: 6.1 | \$11,500.00 | | \$11,500.00 | Miss. Code Ann. § 85-3-1(a) | |
| Line nom <i>Schedule Alb.</i> 9.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| Electronics Line from Schedule A/B: 7.1 | \$1,850.00 | | \$1,850.00 | Miss. Code Ann. § 85-3-1(a) | |
| Ellio II oli obilodalo PAD. 111 | | | 100% of fair market value, up to any applicable statutory limit | | |
| Cva Inline Muzzleloader 50 Cal | \$125.00 | | \$0.00 | Miss. Code Ann. § 85-3-1(a) | |
| LINE HOLL SCHEUUR AVD. 10.1 | | | 100% of fair market value, up to any applicable statutory limit | | |

| | btor 1 btor 2 | Paul James Stowe Leslie Goins Stowe | | | Case number (if known) | |
|----|---|--|--------------------------------------|-----------------------------------|---|------------------------------------|
| | Brief description of the property and line on Schedule A/B that lists this property Current value of to portion you own | | Current value of the portion you own | Amount of the exemption you claim | | Specific laws that allow exemption |
| | | | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | |
| | | agement ring and wedding bands from Schedule A/B: 12.1 | \$5,200.00 | | \$5,200.00 | Miss. Code Ann. § 85-3-1(a) |
| | | | | | 100% of fair market value, up to any applicable statutory limit | |
| | | klace from Schedule A/B: 12.3 | \$8.00 | | \$8.00 | Miss. Code Ann. § 85-3-1(a) |
| | LINE | Tom Schedule A/B. 12.3 | | | 100% of fair market value, up to any applicable statutory limit | |
| | | hristopher Necklace | \$15.00 | | \$15.00 | Miss. Code Ann. § 85-3-1(a) |
| | LINE | IIIIII Schedule A/B. 12.4 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Cas | h from <i>Schedule A/B</i> : 16.1 | \$0.00 | | \$0.00 | Miss. Code Ann. § 85-3-1(a) |
| | LINE | iom Scredde A.B. 19.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | | eral Tax Refund | \$10,000.00 | | \$10,000.00 | Miss. Code Ann. § 85-3-1(j) |
| | LINE | ioni Schedule A.B. 25.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | | e Tax Refund from Schedule A/B: 28.2 | \$10,000.00 | | \$10,000.00 | Miss. Code Ann. § 85-3-1(k) |
| | LINE | ioni Schedule A.B. 25.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| | EIC | from Schedule A/B: 28.3 | \$10,000.00 | | \$10,000.00 | Miss. Code Ann. § 85-3-1(i) |
| | LITIC | ioni denedale A/E. 25.5 | | | 100% of fair market value, up to any applicable statutory limit | |
| 3. | (Sub | you claiming a homestead exemption of ect to adjustment on 4/01/28 and every 3 | | | led on or after the date of adjustmen | t.) |
| | | No Yes. Did you acquire the property covere ☐ No ☐ Yes | d by the exemption wi | ithin 1 | ,215 days before you filed this case? | |

| Fill in this inform | ation to identify you | ır case: | | | |
|------------------------|---------------------------------------|--|---|--------------------------|-------------------|
| Debtor 1 | Paul James Sto | we | | | |
| | First Name | Middle Name Last Name | | | |
| Debtor 2 | Leslie Goins St | owe | | | |
| (Spouse if, filing) | First Name | Middle Name Last Name | | | |
| United States Bar | kruptcy Court for the: | SOUTHERN DISTRICT OF MISSISSIPPI | | | |
| Case number | | | | | |
| (if known) | | | | ☐ Check | if this is an |
| | | | | amend | ded filing |
| O(() : 1 E | 400D | | | | |
| Official Form | | | | | |
| Schedule | D: Creditors | Who Have Claims Secured | l by Propert | У | 12/15 |
| is needed, copy the | | If two married people are filing together, both are equout, number the entries, and attach it to this form. On | | | |
| number (if known). | | | | | |
| 1. Do any creditors l | have claims secured by | y your property? | | | |
| ☐ No. Check | this box and submit to | his form to the court with your other schedules. Yo | u have nothing else to | o report on this form. | |
| Yes. Fill in | all of the information | below. | | | |
| Part 1: List All | Secured Claims | | | | |
| | claims. If a creditor has a | more than one secured claim, list the creditor separately | Column A | Column B | Column C |
| for each claim. If mo | ore than one creditor has | a particular claim, list the other creditors in Part 2. As | Amount of claim | Value of collateral | Unsecured |
| much as possible, lis | st the claims in alphabeti | cal order according to the creditor's name. | Do not deduct the value of collateral. | that supports this claim | portion If any |
| 2.1 21st Mort g | jage Corp | Describe the property that secures the claim: | \$51,349.00 | \$125,000.00 | \$0.00 |
| Creditor's Name | | 2095A Hwy 11 and 80 Meridian, MS 39301 Lauderdale County | | | |
| Attn: Bank | • | As of the date you file, the claim is: Check all that | | | |
| 620 Marke | | apply. | | | |
| Knoxville, | | Contingent | | | |
| Number, Street, | City, State & Zip Code | Unliquidated | | | |
| Who owes the del | ht? Chaak ana | Disputed | | | |
| _ | ot r Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | | | urea | | |
| Debtor 2 only | htor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| Debtor 1 and De | otor ∠ only le debtors and another | ☐ Judgment lien from a lawsuit | | | |
| ☐ Check if this cla | | | | | |
| community dek | | Other (including a right to offset) Mortgage | | | |

Opened 09/13 Last

Date debt was incurred Active 12/24

8314

Last 4 digits of account number

25-00968-KMS Dkt 4 Filed 04/15/25 Entered 04/15/25 07:57:16 Page 13 of 51

| Debtor 1 | Paul Jame | es Stowe | | Case number (if known) | | |
|---------------|--|--|---|--------------------------|-------------|-------------|
| | First Name | Middle N | lame Last Name | | | |
| Debtor 2 | Leslie Goi | ns Stowe | | | | |
| | First Name | Middle N | lame Last Name | | | |
| 2.2 Sa | ntander Co | nsumer | Describe the property that secures the claim: | \$27,820.00 | \$16,184.70 | \$11,635.30 |
| Cred | ditor's Name | | 2016 Dodge Ram 105000 miles | | | |
| Ро | n: Bankrup Box 96124 rt Worth, TX | 5 ້ | As of the date you file, the claim is: Check all the apply. ☐ Contingent | tt | | |
| | ber, Street, City, S | · | ☐ Unliquidated ☐ Disputed | | | |
| Who owe | es the debt? C | heck one. | Nature of lien. Check all that apply. | | | |
| ☐ Debtor | • | | ☐ An agreement you made (such as mortgage c car loan) | r secured | | |
| ■ Debto | r 1 and Debtor 2 | only! | ☐ Statutory lien (such as tax lien, mechanic's lie | n) | | |
| ☐ Check | st one of the deb if this claim re nunity debt | otors and another | ☐ Judgment lien from a lawsuit ☐ Other (including a right to offset) | | | |
| Date debt | t was incurred | Opened 03/22 Last Active 12/02/24 | Last 4 digits of account number | 00 | | |
| If this is | | of your form, add | Column A on this page. Write that number here: I the dollar value totals from all pages. | \$79,169.0 \$79,169.0 | | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

| Fi | l in this inform | ation to identify your | case: | | | | |
|---------------------------|---|--|---|--|--|---|----------------------------|
| De | ebtor 1 | Paul James Stow | е | | | | |
| | | First Name | Middle Name | Last Name | | | |
| De | ebtor 2 | Leslie Goins Stov | | | | | |
| (Sp | ouse if, filing) | First Name | Middle Name | Last Name | | | |
| Ur | ited States Ban | kruptcy Court for the: | SOUTHERN DIS | TRICT OF MISSISSIPPI | | | |
| | | | | | | | |
| | nse number | | | | | ☐ Check if th | is is an |
| ľ | | | | | | amended f | |
| _ | | | | | | | |
| | ficial Form | | | | | | |
| <u>Sc</u> | hedule E | F: Creditors W | ho Have Un | secured Claims | | 1 | 12/15 |
| Sch Sch left nan | nedule G: Execut nedule D: Credito . Attach the Cont ne and case num | ory Contracts and Unexp rs Who Have Claims Sec inuation Page to this pag | ired Leases (Official ured by Property. If r e. If you have no info | Form 106G). Do not include nore space is needed, copy to | ontracts on Schedule A/B: Prope any creditors with partially secur he Part you need, fill it out, numb do not file that Part. On the top of | ed claims that are li per the entries in the | isted in e boxes on the |
| | | s have priority unsecure | | 12 | | | |
| • | No. Go to Pa | | a ciamis agamst you | | | | |
| | Yes. | III Z. | | | | | |
| | ☐ Yes. | | | | | | |
| Pa | rt 2: List All | of Your NONPRIORIT | Y Unsecured Clair | ms | | | |
| 3. | Do any creditor | rs have nonpriority unsec | ured claims against | you? | | | |
| | ☐ No. You have | e nothing to report in this p | art. Submit this form to | o the court with your other sche | edules. | | |
| | Yes. | 3 | | , | | | |
| | | | | | | | |
| 4. | unsecured claim | , list the creditor separately | / for each claim. For e | ach claim listed, identify what t | holds each claim. If a creditor has ype of claim it is. Do not list claims a three nonpriority unsecured claims | already included in Pa | art 1. If more |
| | r an 2. | | | | | Total cla | aim |
| 4.1 | America | n First Finance | Last | 4 digits of account number | 0004 | | \$362.00 |
| | 7 | Creditor's Name | | . a.g o. account names | | | ΨουΣ:σσ |
| | | nkruptcy | | | Opened 10/04/23 Last A | ctive | |
| | 3100 Oly Ste 300 | mpus Blvd | Whe | n was the debt incurred? | 10/24/23 | | |
| | | TX 75019 | | | | | |
| | Number Str | reet City State Zip Code | As of | f the date you file, the claim i | s: Check all that apply | | |
| | Who incur | red the debt? Check one. | | | | | |
| | ■ Debtor | 1 only | □с | ontingent | | | |
| | ☐ Debtor 2 | 2 only | □υ | nliquidated | | | |
| | ☐ Debtor | 1 and Debtor 2 only | □ D | isputed | | | |
| | ☐ At least | one of the debtors and and | other Type | of NONPRIORITY unsecured | l claim: | | |
| | | f this claim is for a com | nunity | tudent loans | | | |
| | debt Is the clain | n subject to offset? | repor | t as priority claims | ration agreement or divorce that you | u did not | |
| | ■ No | | □ D | ebts to pension or profit-sharin | g plans, and other similar debts | | |
| | ☐ Yes | | ■ 0 | ther. Specify | | | |
| | | | | | | · · | |

| | 1 Paul James Stowe 1 Leslie Goins Stowe | | Case number (if known) | |
|-----|--|--|--|----------|
| 4.2 | Capital One | Last 4 digits of account number | 0751 | \$464.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130 | When was the debt incurred? | Opened 10/23 Last Active 01/24 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | ■ Other. Specify Credit Card | <u> </u> | |
| 4.3 | Capital One Nonpriority Creditor's Name | Last 4 digits of account number | 6168 | \$272.00 |
| | Attn: Bankruptcy Po Box 30285 | When was the debt incurred? | Opened 03/19 Last Active 11/22 | |
| | Salt Lake City, UT 84130 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | ■ Other. Specify Credit Card | <u> </u> | |
| 4.4 | Comenity Bank Nonpriority Creditor's Name | Last 4 digits of account number | 5011 | \$475.00 |
| | Attn: Bankruptcy Po Box 182125 | When was the debt incurred? | Opened 02/20 Last Active 12/24 | |
| | Columbus, OH 43218 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Charge Acc | count | |

| Debto Debto | r 1 Paul James Stowe r 2 Leslie Goins Stowe | | Case number (if known) | | | |
|----------------|---|---|---|----------|--|--|
| 4.5 | Comenity Bank Nonpriority Creditor's Name Attn: Bankruptcy Po Box 182125 | Last 4 digits of account number When was the debt incurred? | 1208 Opened 06/24 Last Active 01/25 | \$129.00 | | |
| | Columbus, OH 43218 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | | |
| | □ Debtor 1 only ■ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another | ☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured | I claim: | | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? ■ No | ☐ Student loans ☐ Obligations arising out of a sepa report as priority claims ☐ Debts to pension or profit-sharin | ration agreement or divorce that you did not g plans, and other similar debts | | | |
| | Yes | Other. Specify Charge Acc | count | | | |
| 4.6 | Credit One Bank Nonpriority Creditor's Name | Last 4 digits of account number | 9850 | \$656.00 | | |
| | 6801 Cimarron Rd Las Vegas, NV 89113 | When was the debt incurred? | Opened 05/20 Last Active 03/23 | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | As of the date you file, the claim is: Check all that apply | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | I claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | | | | |
| | No | | Debts to pension or profit-sharing plans, and other similar debts | | | |
| | Yes | Other. Specify Credit Card | <u> </u> | | | |
| 4.7 | Fortiva Nonpriority Creditor's Name | Last 4 digits of account number | 5382 | \$865.00 | | |
| | Attn: Bankruptcy Po Box 105555 Atlanta, GA 30348 | When was the debt incurred? | Opened 07/24 Last Active 10/24 | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | I claim: | | | |
| | ☐ Check if this claim is for a community debt | | ration agreement or divorce that you did not | | | |
| | Is the claim subject to offset? | report as priority claims | | | | |
| | ■ No | Debts to pension or profit-sharin | | | | |
| | Yes | Other. Specify Credit Card | | | | |

| | 1 Paul James Stowe 2 Leslie Goins Stowe | | Case number (if known) | |
|----------|---|---|---|------------|
| 4.8 | Genesis FS Nonpriority Creditor's Name | Last 4 digits of account number | 4031 | \$1,129.00 |
| | Attn: Bankruptcy Po Box 4477 Beaverton, OR 97076 Number Street City State Zip Code | When was the debt incurred? As of the date you file, the claim | Opened 09/23 Last Active 12/24 is: Check all that apply | |
| | Who incurred the debt? Check one. ☐ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Credit Card | <u> </u> | |
| 4.9 | Genesis FS | Last 4 digits of account number | 1915 | \$1,118.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 4477 | When was the debt incurred? | Opened 06/24 Last Active 01/25 | |
| | Beaverton, OR 97076 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Credit Card | <u> </u> | |
| 4.1 0 | H&R Block/Pathward | Last 4 digits of account number | 1001 | \$1,554.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30674 | When was the debt incurred? | Opened 11/23 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a sepa | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Unsecured | | |

| | Paul James Stowe Leslie Goins Stowe | | Case number (if know | n) | |
|-----|--|--|---------------------------|------------------------|------------|
| 4.1 | Lvnv Funding | Last 4 digits of account number | 2364 | | \$2,930.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 10497 | When was the debt incurred? | Opened 06/23 I | Last Active | · |
| | Greenville, SC 29603 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | |
| | ☐ Debtor 1 only | ☐ Contingent | | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecured | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or div | vorce that you did not | |
| | ■ No | ☐ Debts to pension or profit-sharin | g plans, and other simil | lar debts | |
| | Yes | ■ Other. Specify Factoring Column Jewelers | Company Accoun | t Sterling Kay | |
| 4.1 | Lvnv Funding Nonpriority Creditor's Name | Last 4 digits of account number | 8121 | | \$2,633.00 |
| | Attn: Bankruptcy Po Box 10497 Greenville, SC 29603 | When was the debt incurred? | Opened 07/23 I 12/22 | Last Active | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| | Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | C | • | |
| | No | Debts to pension or profit-sharing | • • | | |
| | Yes | ■ Other. Specify Bank N.A. | Company Accoun | t Credit One | |
| 4.1 | Lvnv Funding | Last 4 digits of account number | 9850 | | \$656.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 10497 Greenville, SC 29603 | When was the debt incurred? | Opened 10/23 I 03/23 | Last Active | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| | Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | | | |
| | ■ No | Debts to pension or profit-sharin | • | | |
| | Yes | Factoring C Other. Specify American E | Company Accoun Express | t Credit One | |

| | Paul James Stowe Leslie Goins Stowe | | Case number (if known) | |
|----------|--|--|--|------------|
| 4.1 | Lvnv Funding | Last 4 digits of account number | 8810 | \$478.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 10497 | When was the debt incurred? | Opened 09/24 Last Active 11/22 | |
| | Greenville, SC 29603 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only | ☐ Contingent ☐ Unliquidated ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | □Yes | ■ Other. Specify Capitalone | Company Account Walmart | |
| 4.1 5 | NCB Management Nonpriority Creditor's Name | Last 4 digits of account number | 6486 | \$3,716.00 |
| | Attn: Bankruptcy 1 Allied Drive Trevose, PA 19053 | When was the debt incurred? | Opened 12/21/23 Last Active 10/23 | |
| | Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | |
| | Who incurred the debt? Check one. | _ | | |
| | Debtor 1 only | Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured | l alaim. | |
| | ☐ At least one of the debtors and another | Student loans | a Claiiii. | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | _ | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | □Yes | Other. Specify 12 Rise Cre | edit Of Mississippi LIc | |
| 4.1 | Portfolio Recovery Nonpriority Creditor's Name | Last 4 digits of account number | 3514 | \$504.00 |
| | Attn: Bankruptcy 120 Corporate Boulevard Norfolk, VA 23502 | When was the debt incurred? | Opened 03/24 Last Active 01/24 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | Labelia | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured | a claim: | |
| | ☐ Check if this claim is for a community debt | | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims Debts to pension or profit-sharin | g plans, and other similar debts | |
| | □Yes | ■ Other Specify N.A. | Company Account Capital One | |

| Leslie Goins Stowe | | Case number (if known) | | | | |
|--|---|----------------------------------|----------|--|--|--|
| Synchrony Bank | Last 4 digits of account number | 1687 | \$1,990. | | | |
| Nonpriority Creditor's Name | _ | Opened 09/22 Lept Active | | | | |
| Attn: Bankruptcy Po Box 965060 | When was the debt incurred? | Opened 08/23 Last Active 12/24 | | | | |
| Orlando, FL 32896 Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | | | | |
| Who incurred the debt? Check one. | As of the date you me, the claim | э. Опеск ан шагарргу | | | | |
| ☐ Debtor 1 only | ☐ Contingent | | | | | |
| Debtor 2 only | ☐ Unliquidated | | | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | |
| ☐ Yes | ■ Other. Specify Charge Acc | count | | | | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total Claim

| Total | 6a. | Domestic support obligations | 6a. | \$ 0.00 |
|-----------------------|------------|--|------------|------------------------|
| claims from Part 1 | 6b. 6c. | Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated | 6b. 6c. | \$ 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ 0.00 |
| Total | 6f. | Student loans | 6f. | \$ Total Claim 0.00 |
| claims from Part 2 | 6g. 6h. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | 6g. 6h. | \$ 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ 19,931.00 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ 19,931.00 |

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

| Fill in this inform | nation to identify your | case: | | |
|---|-------------------------|-------------------|----------------|--------------------------------------|
| Debtor 1 | Paul James Stow | e | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Leslie Goins Stov | we | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | SOUTHERN DISTRICT | OF MISSISSIPPI | |
| Case number | | | | ☐ Check if this is an amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| ı | Person or | company with Name, Number | whom you have the , Street, City, State and ZIP | e contract or lease | State what the contract or lease is for |
|-----|-----------|------------------------------|--|---------------------|---|
| 2.1 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.2 | | | | | _ |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.3 | <u> </u> | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.4 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.5 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | |
| | City | | State | ZIP Code | <u> </u> |

25-00968-KMS Dkt 4 Filed 04/15/25 Entered 04/15/25 07:57:16 Page 22 of 51

| Fill in this | information to identify your | case: | | | |
|---|---|--|---|--|--|
| Debtor 1 | Paul James Stow | re | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing | Leslie Goins Stov | Me Middle Name | Last Name | | |
| United State | es Bankruptcy Court for the: | SOUTHERN DISTRICT | OF MISSISSIPPI | | |
| Case numb | per | | | | |
| (if known) | | | | | ☐ Check if this is an amended filing |
| O#: a: a! | Farma 40011 | | | | |
| | Form 106H ule H: Your Cod | ehtors | | | 12/15 |
| benea | die II. Todi God | CDIOIS | | | 12/13 |
| ■ No □ Yes 2. With Arizona ■ No. □ Yes. 3. In Coluin line | nin the last 8 years, have you a, California, Idaho, Louisiana, Go to line 3. Did your spouse, former spou umn 1, list all of your codebt 2 again as a codebtor only i | I lived in a community property of the community of the | roperty state or territor uerto Rico, Texas, Wash e with you at the time? r spouse as a codebtor ator or cosigner. Make | ry? (Community proper ington, and Wisconsin. r if your spouse is filling sure you have listed in the sure you have you hav | ng with you. List the person shown |
| | l06D), Schedule E/F (Official lumn 2. | Form 106E/F), or Sched | lule G (Official Form 10 |)6G). Use Schedule D | , Schedule E/F, or Schedule G to fil |
| | Column 1: Your codebtor lame, Number, Street, City, State and Zl | IP Code | | Column 2: The co | reditor to whom you owe the debt les that apply: |
| 3.1 | | | | ☐ Schedule D, li | ne |
| | Name | | | ☐ Schedule E/F, | |
| | | | | ☐ Schedule G, li | ne |
| | Number Street City | State | ZIP Code | _ | |
| 2.2 | | | | П совъедиле В !! | |
| 3.2 | Name | | | □ Schedule D, lii □ Schedule E/F, | |
| | | | | ☐ Schedule G, li | |
| | Number Street | State | ZIP Code | _ | |
| · | • | | | | |

Official Form 106H Schedule H: Your Codebtors Page 1 of 1

| Fill in this information | to identify your case: | |
|---------------------------------|--|--|
| Debtor 1 | Paul James Stowe | |
| Debtor 2 (Spouse, if filing) | Leslie Goins Stowe | |
| United States Bankrup | otcy Court for the: SOUTHERN DISTRICT OF MISSISSIPPI | |
| Case number (If known) | | Check if this is: ☐ An amended filing ☐ A supplement showing postpetition chapter |
| Official Form | 1061 | 13 income as of the following date: |

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| 1. | Fill in your employment | | | |
|----|---|--------------------|---|-------------------------------|
| •• | information. | | Debtor 1 | Debtor 2 or non-filing spouse |
| | If you have more than one job, | Employment status | ■ Employed | ☐ Employed |
| | attach a separate page with information about additional | Employment status | ☐ Not employed | ■ Not employed |
| | employers. | Occupation | Detective | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | Department of Defense | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | 423 Rosenbaum Ave Meridian, MS 39307 | |

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 6,285.15 \$ 0.00

3. Estimate and list monthly overtime pay.

3. +\$ 0.00 +\$ 0.00

4. Calculate gross Income. Add line 2 + line 3.

Official Form 106l Schedule I: Your Income page 1

| For Debtor 1 For Debtor | · 2 or spouse |
|--|-------------------------|
| non-filing | spouse |
| Copy line 4 here 4. \$ 6,285.15 \$ | 0.00 |
| 5. List all payroll deductions: | |
| 5a. Tax, Medicare, and Social Security deductions 5a. \$ 0.00 \$ | 0.00 |
| 5b. Mandatory contributions for retirement plans 5b. \$ 0.00 \$ | 0.00 |
| 5c. Voluntary contributions for retirement plans 5c. \$ 0.00 \$ | 0.00 |
| 5d. Required repayments of retirement fund loans 5d. \$ 0.00 \$ | 0.00 |
| 5e. Insurance 5e. \$ 0.00 \$ | 0.00 |
| 5f. Domestic support obligations 5f. \$\$ | 0.00 |
| 5g. Union dues 5g. \$ 0.00 \$ | 0.00 |
| 5h. Other deductions. Specify: 5h.+ \$ 5h.+ \$ | 0.00 |
| 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$\$ | 0.00 |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ | 0.00 |
| 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8a. \$ 0.00 \$ | 0.00 |
| 8b. Interest and dividends 8b. \$ 0.00 \$ | 0.00 |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce | <u> </u> |
| settlement, and property settlement. 8c. \$\$ | 0.00 |
| 8d. Unemployment compensation 8d. \$ 0.00 \$ | 0.00 |
| 8e. Social Security 8e. \$\$ | 518.00 |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8f. \$ 0.00 \$ | 0.00 |
| 8g. Pension or retirement income 8g. \$ 1,570.61 \$ | 0.00 |
| 8h. Other monthly income. Specify: VA Disability 8h.+ \$ 2,214.89 + \$ | 0.00 |
| Mother's SSI \$ 0.00 \$ | 925.00 |
| 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$_3,785.50\$ | 1,443.00 |
| 10. Calculate monthly income. Add line 7 + line 9. | = \$ 11,513.65 |
| Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | |
| 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedul Specify: 11. | e J. +\$0.00 |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. | \$ 11,513.65 |
| 13. Do you expect an increase or decrease within the year after you file this form?No. | Combined monthly income |
| ☐ Yes. Explain: | |

| Fill | in this informa | ition to identify yo | ur case: | | | | | | | |
|------------|------------------|--|---------------|--|--------------------------|------------|-------|------------------|--|-------|
| Deb | tor 1 | Paul James S | Stowe | | | Cł | neck | if this is: | | |
| | | - uui vuinee (| | | | | Ar | n amended filing | | |
| | otor 2 | Leslie Goins | Stowe | | | | | | ving postpetition cha the following date: | pter |
| (Spo | ouse, if filing) | | | | | | 10 | expenses as or | the following date. | |
| Unit | ed States Bankr | ruptcy Court for the: | SOUTH | ERN DISTRICT OF MISS | SISSIPPI | | M | M / DD / YYYY | | |
| Cas | e number | | | | | | | | | |
| (If k | nown) | | | | | | | | | |
| | | | | | | | | | | |
| O | fficial Fo | rm 106J | | | | | | | | |
| S | chedule | J: Your I | Exper | ises | | | | | | 12/15 |
| Ве | as complete | and accurate as | possible. | If two married people a ch another sheet to this | | | | | | |
| | | n). Answer ever | | | · | | | | | |
| Par 1. | t 1: Descr | ribe Your House | hold | | | | | | | |
| | □ No. Go to | | | | | | | | | |
| | | es Debtor 2 live i | n a separ | ate household? | | | | | | |
| | . 00. ⊒ 10 | | | | | | | | | |
| | | | t file Offici | al Form 106J-2, <i>Expense</i> | s for Separate House | ehold of D | ebtor | · 2. | | |
| 2. | Do you have | e dependents? | □ No | • | · | | | | | |
| ۷. | Do not list D | • | | Fill out this information for | Donandant's relati | ionchin to | | Dependent's | Doos donandant | |
| | Debtor 2. | ebioi i and | Yes. | each dependent | Dependent's relati | | _ | Dependent's age | Does dependent live with you? | |
| | Do not state | the | | | | | _ | | □ No | |
| | dependents | | | | Mother-In-Law | 1 | | 78 | ■ Yes | |
| | | | | | | | | | ☐ No | |
| | | | | | | | | | ☐ Yes | |
| | | | | | | | | | □ No | |
| | | | | | | | | | ☐ Yes | |
| | | | | | | | | | □ No | |
| 3. | Do your ove | enses include | _ | | | | | | ☐ Yes | |
| Э. | | f people other th | nan _ | No | | | | | | |
| | yourself and | d your depender | nts? ⊔ | Yes | | | | | | |
| Par | t 2: Estim | ate Your Ongoir | ng Monthi | y Expenses | | | | | | |
| Est exp | imate your ex | cpenses as of yo | our bankrı | uptcy filing date unless y y is filed. If this is a sup | | | | | | |
| • | | | | | | | | | | |
| | | | | government assistance luded it on Schedule I: | | | | | | |
| | ficial Form 10 | | | | | | _ | Your expe | enses | |
| | The newfol o | | | | la alcala Castana atau a | _ | | | | |
| 4. | | or nome owners and any rent for the | | ses for your residence. r lot. | Include first mortgage | e 4. | \$ | | 0.00 | |
| | If not includ | led in line 4: | | | | | | | | |
| | 4a. Real e | estate taxes | | | | 4a. | \$ | | 59.43 | |
| | | rty, homeowner's | s, or renter | 's insurance | | 4b. | | | 0.00 | |
| | 4c. Home | maintenance, re | pair, and ι | ıpkeep expenses | | 4c. | \$ | | 100.00 | |
| _ | | owner's associati | | | | 4d. | | | 0.00 | |
| 5. | Additional r | mortgage payme | ents for yo | our residence, such as ho | ome equity loans | 5. | \$. | | 0.00 | |

| ebtor 1 | Paul James Stowe | | | |
|---------|---|----------------|---------------------|-------------------------|
| ebtor 2 | Leslie Goins Stowe | Case num | ber (if known) | |
| . Utili | ties: | | | |
| 6a. | Electricity, heat, natural gas | 6a. | \$ | 350.00 |
| 6b. | Water, sewer, garbage collection | 6b. | | 68.00 |
| 6c. | Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$ | 430.00 |
| 6d. | Other. Specify: | 6d. | \$ | 0.00 |
| | d and housekeeping supplies | 7. | \$ | 1,060.00 |
| | dcare and children's education costs | 8. | \$ | 0.00 |
| Clot | hing, laundry, and dry cleaning | 9. | \$ | 187.00 |
| | sonal care products and services | 10. | \$ | 87.00 |
| . Med | ical and dental expenses | 11. | \$ | 125.00 |
| Trar | nsportation. Include gas, maintenance, bus or train fare. | | - | |
| Do r | not include car payments. | 12. | \$ | 225.00 |
| . Ente | ertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 75.00 |
| Cha | ritable contributions and religious donations | 14. | \$ | 0.00 |
| | rance. | | | |
| | not include insurance deducted from your pay or included in lines 4 or 20. | | • | |
| | Life insurance | 15a. | · | 0.00 |
| | Health insurance | 15b. | · - | 0.00 |
| | Vehicle insurance | 15c. | · | 253.00 |
| | Other insurance. Specify: | 15d. | \$ | 0.00 |
| | es. Do not include taxes deducted from your pay or included in lines 4 or 20. | 40 | Φ. | 2.00 |
| Spec | | 16. | > | 0.00 |
| | allment or lease payments: Car payments for Vehicle 1 | 17a. | ¢ | 0.00 |
| | Car payments for Vehicle 2 | 17a. 17b. | · | 0.00 |
| | Other. Specify: | 176. 17c. | · | 0.00 |
| | Other. Specify: | 17c. 17d. | · - | 0.00 |
| | r payments of alimony, maintenance, and support that you did not report as | | Ψ | 0.00 |
| | ucted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I). | 18. | \$ | 0.00 |
| | er payments you make to support others who do not live with you. | | \$ | 0.00 |
| Spec | cify: | 19. | | |
| | er real property expenses not included in lines 4 or 5 of this form or on School | edule I: Yo | our Income. | |
| 20a. | Mortgages on other property | 20a. | | 0.00 |
| 20b. | Real estate taxes | 20b. | \$ | 0.00 |
| 20c. | Property, homeowner's, or renter's insurance | 20c. | | 0.00 |
| 20d. | Maintenance, repair, and upkeep expenses | 20d. | \$ | 0.00 |
| 20e. | Homeowner's association or condominium dues | 20e. | \$ | 0.00 |
| Othe | er: Specify: SSI not included pursuant to Beaulieu, Jr. v. Ragos | 21. | +\$ | 1,443.00 |
| | Disability excluded under HAVEN Act | | +\$ | 2,214.89 |
| | • | | | · · |
| | culate your monthly expenses | | ¢. | C C77 22 |
| | Add lines 4 through 21. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | 6,677.32 |
| | | | · | |
| 22c. | Add line 22a and 22b. The result is your monthly expenses. | | \$ | 6,677.32 |
| Calc | culate your monthly net income. | | | |
| | Copy line 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 11,513.65 |
| | Copy your monthly expenses from line 22c above. | 23b. | | 6,677.32 |
| _00. | | _00. | | 0,017102 |
| 23c. | Subtract your monthly expenses from your monthly income. | | | |
| | The result is your monthly net income. | 23c. | \$ | 4,836.33 |
| | | | | |
| | you expect an increase or decrease in your expenses within the year after your | | | a ar daaraa |
| | example, do you expect to finish paying for your car loan within the year or do you expect you fication to the terms of your mortgage? | rmortgage | payment to increase | e or decrease because o |
| | | | | |
| | | | | |
| Пγ | es Explain here: | | | |

| Fill in this infor | mation to identify you | case: | |
|---------------------|---|--|---|
| Debtor 1 | Paul James Stov | /e | |
| | First Name | Middle Name Last Name | |
| Debtor 2 | Leslie Goins Sto | | |
| (Spouse if, filing) | First Name | Middle Name Last Name | |
| United States Ba | ankruptcy Court for the: | SOUTHERN DISTRICT OF MISSISSIPPI | |
| Case number | | | |
| (if known) | | | Check if this is an amended filing |
| Official Forr | | an Individual Debtor's Schedules | 12/15 |
| | | | |
| rears, or both. 1 | 8 U.S.C. §§ 152, 1341, | n connection with a bankruptcy case can result in fines up to \$250 1519, and 3571. | , soo, or impresentation up to 20 |
| Did you pa | y or agree to pay som | eone who is NOT an attorney to help you fill out bankruptcy forms? | , |
| ■ No | | | |
| ☐ Yes. N | Name of person | | ankruptcy Petition Preparer's Notice, ion, and Signature (Official Form 119) |
| | alty of perjury, I declare e true and correct. | that I have read the summary and schedules filed with this declara | ation and |
| X /s/ Pau | ıl James Stowe | X /s/ Leslie Goins Stowe | |
| | ames Stowe | Leslie Goins Stowe | |
| Signatu | re of Debtor 1 | Signature of Debtor 2 | |
| Date | April 14, 2025 | Date April 14, 2025 | |

| Fill in | this inforr | nation to identify your | r case: | | | | |
|------------------|--|--|--|---|--|---|--|
| Debto | r 1 | Paul James Stov | ve | | | | |
| 5.1. | | First Name | Middle Name | Last Name | | | |
| Debto (Spouse | r ∠ e if, filing) | Leslie Goins Sto | Middle Name | Last Name | | | |
| United | l States Ba | nkruptcy Court for the: | SOUTHERN DISTRICT (| OF MISSISSIPPI | | | |
| Case | number | | | | | | |
| (if know | n) | | | | _ | heck if this is an mended filing | |
| | | | | | | | |
| | | <u>rm 107</u> | Affaira far Indivis | duelo Filipa for B | and survey as | 2.4/2 | |
| | | | | duals Filing for B | | 04/2 | |
| inform | ation. If m | ore space is needed, | attach a separate sheet to | | equally responsible for supply additional pages, write you | | |
| numbe | er (if know | n). Answer every ques | stion. | | | | |
| Part 1 | Give [| Details About Your Ma | rital Status and Where You | Lived Before | | | |
| 1. W | hat is you | r current marital statu | ıs? | | | | |
| | Married Not ma | | | | | | |
| 2. D | uring the last 3 years, have you lived anywhere other than where you live now? | | | | | | |
| | L No. | | • | • | | | |
| | No Yes. Lis | st all of the places you li | ived in the last 3 years. Do no | ot include where you live now | <i>.</i> . | | |
| C | Debtor 1: | | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there | |
| | | | | | ity property state or territory | | |
| | No | | | | | | |
| | | ake sure you fill out <i>Sch</i> | nedule H: Your Codebtors (O | fficial Form 106H). | | | |
| Part 2 | Expla | in the Sources of You | r Income | | | | |
| | • | | | | | | |
| Fi | II in the tota | al amount of income you | u received from all jobs and a | ng a business during this yeall businesses, including parter together, list it only once ur | | idar years? | |
| |] No | | | | | | |
| | Yes. Fil | I in the details. | | | | | |
| | | | Debtor 1 | | Debtor 2 | | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | |
| | | of current year until d for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$18,659.00 | ☐ Wages, commissions, bonuses, tips | \$0.00 | |
| | | | ☐ Operating a business | | ☐ Operating a business | | |

Official Form 107

| slie Goins Stowe | | Case | e number (if known) | |
|--|--|--|--|--|
| | | | | |
| | | | | |
| | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | ■ Wages, commissions, bonuses, tips | \$72,168.00 | ☐ Wages, commissions, bonuses, tips | \$0.00 |
| | ☐ Operating a business | | ☐ Operating a business | |
| | ■ Wages, commissions, bonuses, tips | \$72,168.00 | ☐ Wages, commissions, bonuses, tips | \$0.00 |
| | ☐ Operating a business | | ☐ Operating a business | |
| Ç | me from each source separa | ately. Do not include income the | nat you listed in line 4. | |
| | Debtor 1 | | Debtor 2 | |
| | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of income Describe below. | Gross income (before deductions and exclusions) |
| | Retirement Income | \$4,710.00 | Social Security Benefits | \$1,554.00 |
| | VA | \$6,645.00 | | |
| | Retirement Income | \$18,847.00 | Social Security Benefits | \$8,182.00 |
| | VA | \$25,364.00 | | |
| | Retirement Income | \$18,847.00 | Social Security Benefits | \$8,000.00 |
| | VA | \$23,923.00 | | |
| r Debtor 1's or Debtor 2' Neither Debtor 1 nor D individual primarily for a During the 90 days befo | Made Before You Filed for 's debts primarily consume bettor 2 has primarily consu- personal, family, or househouse you filed for bankruptcy, d | Bankruptcy or debts? umer debts. Consumer debts old purpose." id you pay any creditor a total | of \$8,575* or more? | |
| | dar year: December 31, 2024) dar year before that: December 31, 2023) ecceive any other income come regardless of wheth public benefit payments; If you are filing a joint cas source and the gross income regardless. Fill in the details. y 1 of current year until filed for bankruptcy: adar year: December 31, 2024) dar year before that: December 31, 2023) t Certain Payments You r Debtor 1's or Debtor 2' Neither Debtor 1 nor Deindividual primarily for a During the 90 days before 1 No. Go to line 7 | Debtor 1 Sources of income Check all that apply. December 31, 2024) Wages, commissions, bonuses, tips Operating a business dar year before that: December 31, 2023) Wages, commissions, bonuses, tips Operating a business dar year before that: December 31, 2023) Operating a business ecceive any other income during this year or the two come regardless of whether that income is taxable. Expublic benefit payments; pensions; rental income; intel f you are filing a joint case and you have income that source and the gross income from each source separated and the details. Debtor 1 Sources of income Describe below. VA Retirement Income VA dar year: December 31, 2024) VA Retirement Income VA Certain Payments You Made Before You Filed for repetition of the proposition of the pr | Debtor 1 Sources of income Check all that apply. December 31, 2024) December 31, 2024) December 31, 2024) December 31, 2024) Departing a business dar year before that: December 31, 2023) Departing a business December 31, 2023) Departing a business December 31, 2023) Departing a business Prz,168.00 Prz,16 | Debtor 1 Sources of income Check all that apply. Index year: December 31, 2024) Debtor 1 Sources of income Check all that apply. Index year: December 31, 2024) Deptor 1 Sources of income (before deductions and exclusions) Index year before that: December 31, 2023) Deptor 1 Sources of income check all that apply. Deptor 1 Sources of income check all that apply. Deptor 1 Sources of income check all that apply. Deptor 1 Sources of income check all that apply. Deptor 1 Sources of income check all that apply. Deptor 1 Source and the gross income from each source separately. Do not include income that you listed in line 4. Debtor 2 Source and the gross income from each source separately. Do not include income that you listed in line 4. Debtor 1 Source so fincome Describe below. Debtor 1 Sources of income Check all that apply. Debtor 1 Source and the gross income from each source separately. Do not include income that you listed in line 4. Debtor 1 Sources of income Describe below. Per year of the details. Debtor 1 Sources of income Describe below. Per year of the details. Debtor 2 Sources of income Describe below. Debtor 2 Sources of income Describe below. Debtor 2 Sources of income Describe below. Per year of the details. Debtor 2 Sources of income Describe below. Debtor 3 Social Security Benefits VA \$6,645.00 Retirement Income \$18,847.00 Social Security Benefits VA \$23,923.00 Lecrain Payments You Made Before You Filed for Bankruptcy Pebtor 1's or Debtor 2's debts primarily consumer debts. Consumer debts are defined in 11 U.S.C. §1 individual primarily or a personal, family, or household purpose. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$8,575° or more? |

| | otor 1 Paul James Stowe Leslie Goins Stowe | | Cas | se number (if known) | | |
|-----|--|---|---|----------------------|---|--|
| | Yes. Debtor 1 or Debtor 2 or both ha During the 90 days before you file | | | al of \$600 or more | ? | |
| | □ No. Go to line 7. | | | | | |
| | Yes List below each credit | tor to whom you paid a total domestic support obligation ruptcy case. | | | | |
| | Creditor's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Was this pa | ayment for |
| | Only regular installment payments. | | \$0.00 | \$0.00 | ☐ Mortgag ☐ Car ☐ Credit C: ☐ Loan Re ☐ Supplier: ☐ Other | ard |
| 7. | Within 1 year before you filed for bankrupt Insiders include your relatives; any general poor which you are an officer, director, person in a business you operate as a sole proprietor. It alimony. | artners; relatives of any gen n control, or owner of 20% o | eral partners; partners of their voting | erships of which you | ou are a generany managing a | al partner; corporation agent, including one fo |
| | ☐ Yes. List all payments to an insider. | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for | this payment |
| 8. | Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cost | | ments or transfer a | any property on a | account of a d | ebt that benefited an |
| | ■ No□ Yes. List all payments to an insider | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for Include cred | this payment litor's name |
| Par | t 4: Identify Legal Actions, Repossessio | ns, and Foreclosures | | | | |
| 9. | Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes. | tcy, were you a party in an | | | | |
| | No | | | | | |
| | Yes. Fill in the details. | N. d. d. | | | | |
| | Case title Case number | Nature of the case | Court or agency | | Status of th | ne case |
| 10. | Within 1 year before you filed for bankrupt Check all that apply and fill in the details belo | | erty repossessed, f | oreclosed, garni | shed, attache | d, seized, or levied? |
| | No. Go to line 11. Yes. Fill in the information below. | | | | | |
| | Creditor Name and Address | Describe the Property | | Date | | Value of the |
| | Ordator Hame and Address | | | Date | | property |
| | | Explain what happened | k | | | |

| Debt Debt | tor 1 Paul James Stowe tor 2 Leslie Goins Stowe | | Case numbe | er (if known) | |
|--------------|---|-------------------|--|-----------------------------------|---------------------------|
| • | Within 90 days before you file accounts or refuse to make a No Yes. Fill in the details. | | , did any creditor, including a bank or financial in e you owed a debt? | nstitution, set off any a | mounts from your |
| | Creditor Name and Address | De | escribe the action the creditor took | Date action was taken | Amount |
| | Within 1 year before you filed court-appointed receiver, a cu | | vas any of your property in the possession of an ner official? | assignee for the bene | efit of creditors, a |
| | ■ No □ Yes | | | | |
| Part | List Certain Gifts and Co | ontributions | | | |
| 13. | Within 2 years before you filed No Yes. Fill in the details for ea | | did you give any gifts with a total value of more | than \$600 per person? | ? |
| | Gifts with a total value of mor per person | re than \$600 | Describe the gifts | Dates you gave the gifts | Value |
| | Person to Whom You Gave the Address: | ne Gift and | | | |
| | Within 2 years before you filed ■ No □ Yes. Fill in the details for each | | did you give any gifts or contributions with a to | tal value of more than | \$600 to any charity? |
| | Gifts or contributions to char more than \$600 Charity's Name Address (Number, Street, City, State | | Describe what you contributed | Dates you contributed | Value |
| Part | 6: List Certain Losses | | | | |
| | Within 1 year before you filed or gambling? | for bankruptcy o | r since you filed for bankruptcy, did you lose an | ything because of thef | t, fire, other disaster, |
| | ■ No □ Yes. Fill in the details. | | | | |
| | Describe the property you los how the loss occurred | Includ | ribe any insurance coverage for the loss le the amount that insurance has paid. List pending ance claims on line 33 of Schedule A/B: Property. | Date of your loss | Value of property lost |
| Part | 17: List Certain Payments o | r Transfers | | | |
| (| consulted about seeking bank | cruptcy or prepar | lid you or anyone else acting on your behalf pay ing a bankruptcy petition? rs, or credit counseling agencies for services requir | | rty to anyone you |
| | □ No■ Yes. Fill in the details. | | | | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payme | ent, if Not You | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
| | The Rollins Law Firm, PLL P.O. Box 13767 Jackson, MS 39236 trollins@therollinsfirm.co | LC | Filing fee, attorney fee, credit report and credit counseling | 01/17/2025 | \$650.00 |

| Debtor 2 Leslie Goins Stowe | | Case number (if known) | | | | | |
|-----------------------------|--|---|-----------------------------|----------------|--|--|--|
| 17. | Within 1 year before you filed for bankruptcy promised to help you deal with your creditors. Do not include any payment or transfer that you | s or to make payments | | | transfer any prope | rty to anyone who | |
| | No | | | | | | |
| | ☐ Yes. Fill in the details. | | | | | | |
| | Person Who Was Paid Address | Description and va transferred | alue of any prope | rty | Date payment or transfer was made | Amount o paymen | |
| 18. | Within 2 years before you filed for bankruptc transferred in the ordinary course of your bu Include both outright transfers and transfers mad include gifts and transfers that you have already | siness or financial affa de as security (such as the | irs? ne granting of a se | | | | |
| | Yes. Fill in the details. | | | | | _ | |
| | Person Who Received Transfer Address | Description and va property transferr | | | ny property or received or debts hange | payment than property property). Do not Date transfer was made Date Transfer was made Date Transfer was made Last balance before closing of transfer. | |
| | Person's relationship to you | | | | | | |
| 19. | Within 10 years before you filed for bankrupt beneficiary? (These are often called asset-protein No | | y property to a se | lf-settled tru | st or similar device | of which you are a | |
| | Yes. Fill in the details. | | | | | | |
| | Name of trust | Description and va | alue of the prope | rty transferre | ed | Date Transfer was made | |
| Par | t 8: List of Certain Financial Accounts, Inst | ruments, Safe Deposit | Boxes, and Stora | age Units | | | |
| 20. | Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. No Yes. Fill in the details. | | | | | | |
| | | Last 4 digits of account number | Type of account instrument | clos | e account was sed, sold, ved, or ssferred | Last balance before closing o transfe | |
| 21. | Do you now have, or did you have within 1 yearsh, or other valuables? | ear before you filed for | bankruptcy, any s | safe deposit | box or other depos | tory for securities, | |
| | Yes. Fill in the details. | | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had accordance Address (Number, State and ZIP Code) | | escribe the c | ontents | Do you still have it? | |
| 22. | Have you stored property in a storage unit or | place other than your | home within 1 ye | ar before you | u filed for bankrupto | y? | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or h to it? Address (Number, St State and ZIP Code) | | escribe the c | ontents | Do you still have it? | |
| | | | | | | | |

Debtor 1 Paul James Stowe

| | otor 1 Paul James Stowe Leslie Goins Stowe | Case number (if known) | | | | | |
|-----|--|---|---------------------------------------|--------------------|--|--|--|
| Pai | t 9: Identify Property You Hold or Control for | Someone Else | | | | | |
| 23. | Do you hold or control any property that someofor someone. | rty you borrowed from, are storing fo | r, or hold in trust | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | Describe the property | Value | | | |
| Pa | t 10: Give Details About Environmental Inform | ation | | | | | |
| For | the purpose of Part 10, the following definitions | apply: | | | | | |
| • | Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these sul Site means any location, facility, or property as | ir, land, soil, surface water, ground bstances, wastes, or material. | dwater, or other medium, including s | tatutes or | | | |
| _ | Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or us to own, operate, or utilize it, including disposal sites. | | | | | | |
| | Hazardous material means anything an environ hazardous material, pollutant, contaminant, or | | s waste, hazardous substance, toxic | substance, | | | |
| Rep | ort all notices, releases, and proceedings that yo | ou know about, regardless of whe | n they occurred. | | | | |
| 24. | Has any governmental unit notified you that you | u may be liable or potentially liable | under or in violation of an environm | ental law? | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State an ZIP Code) | Environmental law, if you know it | Date of notice | | | |
| 25. | Have you notified any governmental unit of any | release of hazardous material? | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State an ZIP Code) | Environmental law, if you know it | Date of notice | | | |
| 26. | Have you been a party in any judicial or adminis | strative proceeding under any env | ironmental law? Include settlements | and orders. | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case | | | |
| Pa | t 11: Give Details About Your Business or Con | nections to Any Business | | | | | |
| 27. | Within 4 years before you filed for bankruptcy, | did you own a business or have ar | ny of the following connections to an | y business? | | | |
| | ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time | | | | | | |
| | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) | | | | | | |
| | ☐ A partner in a partnership | | | | | | |
| | ☐ An officer, director, or managing execu | tive of a corporation | | | | | |
| | ☐ An owner of at least 5% of the voting or | ☐ An owner of at least 5% of the voting or equity securities of a corporation | | | | | |

25-00968-KMS Dkt 4 Filed 04/15/25 Entered 04/15/25 07:57:16 Page 34 of 51

| Debtor 2 Leglis Coins Stowe | (| Case number (if known) |
|---|---|--|
| Debtor 2 Leslie Goins Stowe | | Jase Humber (# known) |
| ■ No. None of the above applies. Go to | Part 12. | |
| Yes. Check all that apply above and fil | I in the details below for each business. | |
| Business Name Address | Describe the nature of the business | Employer Identification number Do not include Social Security number or ITIN. |
| (Number, Street, City, State and ZIP Code) | Name of accountant or bookkeeper | Dates business existed |
| 28. Within 2 years before you filed for bankrup institutions, creditors, or other parties.No | tcy, did you give a financial statement to | anyone about your business? Include all financial |
| ☐ Yes. Fill in the details below. | | |
| Name Address (Number, Street, City, State and ZIP Code) | Date Issued | |
| Part 12: Sign Below | | |
| | false statement, concealing property, or | I declare under penalty of perjury that the answers obtaining money or property by fraud in connection rears, or both. |
| /s/ Paul James Stowe | /s/ Leslie Goins Stowe | |
| Paul James Stowe | Leslie Goins Stowe | |
| Signature of Debtor 1 | Signature of Debtor 2 | |
| Date April 14, 2025 | Date April 14, 2025 | |
| Did you attach additional pages to Your Stateme | ent of Einancial Affairs for Individuals Fil | ing for Bankruptcy (Official Form 107)? |
| ■ No | ent of I manetal Aman's for marviadais I m | ing for Bankruptcy (Gineral Form 107): |
| ☐ Yes | | |
| Did you pay or agree to pay someone who is no ■ No | t an attorney to help you fill out bankrupt | tcy forms? |
| ☐ Yes. Name of Person Attach the Bankru | uptcy Petition Preparer's Notice, Declaration | , and Signature (Official Form 119). |

| Fill in this information to identify your case: | | | | | |
|---|--|--|--|--|--|
| Debtor 1 | Paul James Stowe | | | | |
| Debtor 2 (Spouse, if filing) | Leslie Goins Stowe | | | | |
| United States E | Bankruptcy Court for the: Southern District of Mississippi | | | | |
| Case number | | | | | |
| | | | | | |

| Check as directed in lines 17 and 21: | | | | | |
|--|--|--|--|--|--|
| According to the calculations required by this Statement: | | | | | |
| 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3). | | | | | |
| 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3). | | | | | |
| ☐ 3. The commitment period is 3 years. | | | | | |
| 4. The commitment period is 5 years. | | | | | |
| ☐ Check if this is an amended filing | | | | | |

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income 1. What is your marital and filing status? Check one only. □ Not married. Fill out Column A, lines 2-11. ■ Married. Fill out both Columns A and B. lines 2-11. Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. Column A Column B Debtor 1 Debtor 2 or non-filing spouse 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all 6,285.15 0.00 payroll deductions). Alimony and maintenance payments. Do not include payments from a spouse if 0.00 0.00 Column B is filled in. 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments 0.00 0.00 you listed on line 3.

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

Debtor 1

\$

Debtor 1

\$

-\$

\$

0.00

0.00

0.00

0.00

0.00

Copy here -> \$

0.00 Copy here -> \$

0.00

0.00

0.00

0.00

5. Net income from operating a business,

Gross receipts (before all deductions)

Gross receipts (before all deductions)

Ordinary and necessary operating expenses

6. Net income from rental and other real property

Ordinary and necessary operating expenses

Net monthly income from rental or other real property

Net monthly income from a business, profession, or farm \$

profession, or farm

| btor 1 btor 2 | Leslie Goins Stowe | | | Case numb | oer (<i>if kn</i> ow | /n) | | |
|---------------------------------------|---|---|---|-------------------|-----------------------|------------------------------|-------|-------------------------------|
| | | | | Column A Debtor 1 | 1 | Column E Debtor 2 non-filing | or | |
| lmá | | | | \$ | 0.0 | Φ. | 0.00 | |
| | erest, dividends, and royalties employment compensation | | | \$ | 0.0 | | 0.00 | |
| | not enter the amount if you contend that | the amount received was a ben- | efit under | · — | 0.0 | <u> </u> | 0.00 | |
| the | Social Security Act. Instead, list it here: | | | | | | | |
| | For you | | 0.00 | | | | | |
| | For your spousension or retirement income. Do not inc | | 0.00 | | | | | |
| ber not Un dis pay doe | nefit under the Social Security Act. Also, include any compensation, pension, pay ited States Government in connection with ability, or death of a member of the unifory paid under chapter 61 of title 10, then it is not exceed the amount of retired pay the tired under any provision of title 10 others. | except as stated in the next sent , annuity, or allowance paid by the that a disability, combat-related injurmed services. If you received an include that pay only to the extent to which you would otherwise be | ence, do he ury or ny retired t that it | | 1,570.6 | 1\$ | 0.00 | |
| Do rec dor Un dis | not include any benefits received under every as a victim of a war crime, a crime mestic terrorism; or compensation, pensi- ited States Government in connection wi ability, or death of a member of the unifo urces on a separate page and put the total | the Social Security Act; payment against humanity, or internations on, pay, annuity, or allowance pa th a disability, combat-related injurmed services. If necessary, list | ts al or aid by the ury or | | | | | |
| | | | | \$ | 0.0 | <u> </u> | 0.00 | |
| | | | | \$ | 0.0 | 0 \$ | 0.00 | |
| | Total amounts from separate page | s, if any. | + | \$ | 0.0 | <u> </u> | 0.00 | |
| | Iculate your total average monthly inc ch column. Then add the total for Columr | | \$ | 7,855.76 | + \$ | 0.00 | = \$_ | 7,855.76 |
| 2: | Determine How to Measure Your D | Deductions from Income | | | | | | otal average onthly income |
| | py your total average monthly income | | | | | | \$ | 7,855.76 |
| | You are not married. Fill in 0 below. | nie. | | | | | | |
| | You are married and your spouse is fill | ing with you. Fill in 0 below | | | | | | |
| | You are married and your spouse is no | | | | | | | |
| _ | Fill in the amount of the income listed i | n line 11, Column B, that was N | | | | | | |
| | dependents, such as payment of the s Below, specify the basis for excluding adjustments on a separate page. | | | | | | | |
| | If this adjustment does not apply, enter | r 0 below. | | | | | | |
| | | | _ \$ | | | | | |
| | | | | | | | | |
| | | | _ +\$ | | | | | |
| | Total | | \$ | 0. | 00_ | Copy here=> | | 0.0 |
| Y | our current monthly income. Subtract | line 13 from line 12. | | | | | \$ | 7,855.76 |
| | | | | | | | | |
| С | alculate your current monthly income | for the year. Follow these steps | s: | | | | | |
| 15 | 5a. Copy line 14 here=> | | | | | | \$ | 7,855.76 |

Paul James Stowe

| Debtor 1 Debtor 2 | Paul James Stowe Leslie Goins Stowe | | | Case number (if known) | |
|----------------------|---|---|--------------------------|---|-----------------------------|
| | Multiply line 15a by 12 | (the number of months in a | year). | | x 12 |
| 1 | 5b. The result is your curre | ent monthly income for the y | ear for this part of the | ne form | \$94,269.12_ |
| 16. C a | lculate the median family | income that applies to yo | u. Follow these step | os: | |
| 16 | a. Fill in the state in which y | rou live. | MS | | |
| 16 | b. Fill in the number of peop | ole in your household. | 3 | | |
| 16 | To find a list of applicable | ncome for your state and size median income amounts, This list may also be availa | go online using the l | ink specified in the separate y clerk's office. | \$78,140.00 |
| 17. H c | ow do the lines compare? | | | | |
| 17 | | | | this form, check box 1, <i>Disposable in</i> of Your <i>Disposable Income</i> (Official F | |
| 17 | 1325(b)(3). Go to | | ation of Your Dispo | check box 2, <i>Disposable income is de</i> sable Income (Official Form 122C-2 | |
| Part 3: | Calculate Your Comm | itment Period Under 11 U | .S.C. § 1325(b)(4) | | |
| 18. C c | ppy your total average mo | nthly income from line 11 | | | \$ |
| co sp 19 | ntend that calculating the co ouse's income, copy the am | ommitment period under 11 nount from line 13. does not apply, fill in 0 on lin | U.S.C. § 1325(b)(4) | is not filing with you, and you allows you to deduct part of your | -\$ |
| 20. C a | llculate your current mont | thly income for the year. F | Follow these steps: | | |
| 20 | a. Copy line 19b | | | | \$7,855.76 |
| | Multiply by 12 (the numb | er of months in a year). | | | x 12 |
| 20 | b. The result is your current | monthly income for the year | ar for this part of the | form | \$ 94,269.12 |
| 20 | c. Copy the median family i | ncome for your state and si. | ze of household fron | n line 16c | \$ |
| 21 | . How do the lines comp | are? | | | |
| | Line 20b is less that period is 3 years. G | | ordered by the cou | rt, on the top of page 1 of this form, ch | neck box 3, The commitment |
| | | an or equal to line 20c. Unle <i>is 5 year</i> s. Go to Part 4. | ss otherwise ordere | d by the court, on the top of page 1 of | this form, check box 4, The |
| Part 4: | Sign Below | | information (I) | | |
| | | y or perjury i declare that the | e intormation on this | statement and in any attachments is t | irue and correct. |
| | s/ Paul James Stowe | | | s/ Leslie Goins Stowe | |
| 1 | Paul James Stowe signature of Debtor 1 | | | Leslie Goins Stowe Signature of Debtor 2 | |
| | te April 14, 2025 | | | Date April 14, 2025 | |
| | MM / DD / YYYY | | _ | MM / DD / YYYY | |
| lf v | ou checked 17a, do NOT fi | Il out or file Form 122C-2 | | | |

25-00968-KMS Dkt 4 Filed 04/15/25 Entered 04/15/25 07:57:16 Page 38 of 51

| Debtor 1 | Paul James Stowe | | | | | | | |
|----------|---|--------------------------------------|-----------------------------------|--|--|--|--|--|
| Debtor 2 | Leslie Goins Stowe | Case number (if known) | | | | | | |
| 16 | u checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above. | | | | | | | |
| ir yc | ou checked 17b, till out Form 1220-2 and tile it with this form. On line | 39 of that form, copy your current m | ontnly income from line 14 above. | | | | | |

| Fill in this information to identify your case: | |
|---|--|
| Debtor 1 Paul James Stowe | |
| Debtor 2 Leslie Goins Stowe (Spouse, if filing) | |
| United States Bankruptcy Court for the: Southern District of Mississippi | |
| Case number(if known) | ☐ Check if this is an amended filing |
| Official Form 122C-2 Chapter 13 Calculation of Your Disposable II | ncome 04/25 |
| To fill out this form, you will need your completed copy of <i>Chapter 13 Stateme</i> Commitment Period (Official Form 122C-1). | ent of Your Current Monthly Income and Calculation of |
| Be as complete and accurate as possible. If two married people are filing toge space is needed, attach a separate sheet to this form, Include the line number additional pages, write your name and case number (if known). Part 1: Calculate Your Deductions from Your Income | |
| The Internal Revenue Service (IRS) issues National and Local Standards for the questions in lines 6-15. To find the IRS standards, go online using the information may also be available at the bankruptcy clerk's office. | |
| Deduct the expense amounts set out in lines 6-15 regardless of your actual expenses if they are higher than the standards. Do not include any operating expenses, and do not deduct any amounts that you subtracted from your spouse's | penses that you subtracted from income in lines 5 and 6 of Form |
| If your expenses differ from month to month, enter the average expense. | |
| Note: Line numbers 1-4 are not used in this form. These numbers apply to inform | nation required by a similar form used in chapter 7 cases. |
| 5. The number of people used in determining your deductions from inco | me |
| Fill in the number of people who could be claimed as exemptions on your feelus the number of any additional dependents whom you support. This number number of people in your household. | |
| National Standards You must use the IRS National Standards to answ | ver the questions in lines 6-7. |
| Food, clothing, and other items: Using the number of people you entered Standards, fill in the dollar amount for food, clothing, and other items. | d in line 5 and the IRS National \$ |
| 7. Out-of-pocket health care allowance: Using the number of people you en the dollar amount for out-of-pocket health care. The number of people is sp people who are 65 or olderbecause older people have a higher IRS allow higher than this IRS amount, you may deduct the additional amount on line | lit into two categoriespeople who are under 65 and ance for health car costs. If your actual expenses are |

Official Form 122C-2

| Debtor Debtor | | aul James Stowe eslie Goins Stowe | | | Case number (if known) |
|------------------|---------|--|-------------------|-------------------------|--|
| Po | onlo v | vho are under 65 years of age | | | |
| re | - | | | | |
| | 7a. | Out-of-pocket health care allowance per person | \$_ | 83 | |
| | 7b. | Number of people who are under 65 | Х _ | 3 | |
| | 7c. | Subtotal. Multiply line 7a by line 7b. | \$ | 249.00 | Copy here=> \$ <u>249.00</u> |
| Pe | ople v | vho are 65 years of age or older | | | |
| | 7d. | Out-of-pocket health care allowance per person | \$ | 158 | |
| | 7e. | Number of people who are 65 or older | X | 0 | |
| | 7f. | Subtotal. Multiply line 7d by line 7e. | \$ | 0.00 | Copy here=> \$ |
| | 7g. | Total. Add line 7c and line 7f | | \$ | 249.00 Copy total here=> \$ 249.00 |
| | | | | | |
| | | andards You must use the IRS Local Standards t | | | |
| | | n information from the IRS, the U.S. Trustee Pro tcy purposes into two parts: | gram h | as divided the IR | S Local Standard for housing for |
| | Hous | ing and utilities - Insurance and operating exper | ses | | |
| | | ing and utilities - Mortgage or rent expenses | - D | T. fin | |
| se | parate | instructions for this form. This chart may also I | oe avail | lable at the bankr | |
| 8. | | using and utilities - Insurance and operating expose dollar amount listed for your county for insurance | | | |
| 9. | Ηοι | ising and utilities - Mortgage or rent expenses: | | | |
| | 9a. | Using the number of people you entered in line 5, listed for your county for mortgage or rent expense | | e dollar amount | \$1,010.00 |
| | 9b. | Total average monthly payment for all mortgages a | and oth | er debts secured b | by your home. |
| | | To calculate the total average monthly payment, a contractually due to each secured creditor in the 6 for bankruptcy. Next divide by 60. | | | |
| | | Name of the creditor | | Average monthly payment | , |
| | | | | \$ 950.0 | 00 |
| | | 21st Mortgage Corp | | | |
| | | 21st Mortgage Corp 9b. Total average monthly payment | | \$ 950.0 | Copy here=> -\$ 950.00 Repeat this amount on line 33a. |
| | 9c. | | | \$ 950.0 | 10 ··· |
| | 9c. | 9b. Total average monthly paymen | nt : | <u> </u> | 10 ··· |
| 10. | . If yo | 9b. Total average monthly payment Net mortgage or rent expense. Subtract line 9b (total average monthly payment) f | rom line ter \$0. | e 9a (mortgage | here=> -\$ 950.00 on line 33a. |
| 10. | If yo | 9b. Total average monthly payment Net mortgage or rent expense. Subtract line 9b (total average monthly payment) for rent expense). If this number is less than \$0, en | rom line ter \$0. | e 9a (mortgage | here=> -\$ 950.00 on line 33a. |

Paul James Stowe

| Debtor 1 | Paul Jam | es Stowe ins Stowe | | | Cana | | (if Imaxim) | | |
|----------|-----------------------------|--|---------------------------|-------------------------|---------|----------|-----------------|------------------------|--------|
| Debtor 2 | Lesile Go | ills Slowe | | | Case | number | (if known) | | |
| 11. | Local transpo | ortation expenses: Che | eck the number of vehic | les for which you clai | im an o | wnersh | ip or operating | g expense. | |
| | □ 0. Go to lin | ne 14 | | | | | | | |
| | _ | | | | | | | | |
| | ■ 1. Go to lin | | | | | | | | |
| | ☐ 2 or more. | Go to line 12. | | | | | | | |
| 12 | Vohicle oper | ation expense: Using th | o IDS Local Standards | and the number of w | obiolos | for whi | ch vou claim t | ho | |
| 12. | | enses, fill in the Operatir | | | | | | | 260.00 |
| 13. | | ership or lease expense claim the expense if you ovehicles. | | | | | | | |
| Vel | hicle 1 Des | scribe Vehicle 1: 2016 | 6 Dodge Ram 10500 | 0 miles | | | | | |
| 13a. | Ownership or | leasing costs using IRS | | | | \$ | 619.00 | | |
| | | thly payment for all debts | | | | – | 013.00 | | |
| 100. | Ū | e costs for leased vehicle | • | | | | | | |
| | are contractua | he average monthly payr ally due to each secured hen divide by 60. | | | that | | | | |
| | Name of | each creditor for Vehi | cle 1 | Average monthly payment | | | | | |
| | Santan | der Consumer | | \$ 343.88 | 3 | | | | |
| | | | | | _ | | | Repeat this | |
| | | Total Averag | e Monthly Payment | \$ 343.88 | B Co | | -\$343 | amount on line 33b. | |
| 13c. | Net Vehicle 1 | ownership or lease expe | ense | | | | | Copy net Vehicle 1 | |
| | Subtract line 1 | 13b from line 13a. if the r | numbert is less than \$0, | enter \$0 | | \$ | 275.12 | expense here | 275.12 |
| Va | histo O Dos | aniha Vahiala Q | | | | | | | |
| ve | hicle 2 Des | scribe Vehicle 2: | | | | | | | |
| 13d. | . Ownership or | leasing costs using IRS | Local Standard | | | \$ | 0.00 | | |
| 13e. | Average mont leased vehicle | thly payment for all debts es. | s secured by Vehicle 2. | Do not include costs | for | | | | |
| | Name of | each creditor for Vehi | cle 2 | Average monthly payment | | | | | |
| | | | | \$ | | | | | |
| | | | | | Co | ру | | Repeat this | |
| | | Total averag | e monthly payment | \$ | _ hei | | 0.0 | amount on line | |
| 13f. | Net Vehicle 2 | ownership or lease expe | ense | | | | | Copy net | |
| | | 13e from line 13d. if this i | | enter \$0 | | | | Vehicle 2 expense here | |
| | | | | | | \$ | 0.00 | => \$ _ | 0.00 |
| 1.1 | Dublic trees | portation overses !! | uu alaimad 0 vahialaa | in line 44 voice the | IDC I - | ool St | andords fill: | | |
| 14. | | oortation expense: If yo <i>portation</i> expense allov | | | | | | n tne \$ | 0.00 |
| 15. | | ublic transportation exp | | | | | | | |
| | | public transportation exp e than the IRS Local Sta | | | approp | ласе е | Apense, but y | s | 0.00 |

Paul James Stowe

Leslie Goins Stowe Debtor 2 Case number (if known) **Other Necessary Expenses** In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories. 16. Taxes: The total monthly amount that you will actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. 1.445.59 Do not include real estate, sales, or use taxes. 17. Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs. 188.55 Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. 18. Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form 23.57 of life insurance other than term. 19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. 0.00 Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 20. Education: The total monthly amount that you pay for education that is either required: as a condition for your job, or 0.00 for your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. 0.00 Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. 0.00 Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment 0.00 expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted. 4,946.83 24. Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23. **Additional Expense Deductions** These are additional deductions allowed by the Means Test. Note: Do not include any expense allowances listed in lines 6-24. 25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Health insurance 0.00 Disability insurance 0.00 0.00 Health savings account 0.00 Total 0.00 \$ Copy total here=> Do you actually spend this total amount? П No. How much do you actually spend? 26. Continuing contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may 0.00 include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b). 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. 0.00 By law, the court must keep the nature of these expenses confidential.

Paul James Stowe

Debtor 1

| ebtor 1 ebtor 2 | Paul James Stowe Leslie Goins Stowe | Case number (if known) | | |
|--------------------|--|---|----------|-----------|
| | Additional home energy costs. Your hom line 8. | ne energy costs are included in your insurance and operating expenses on | | |
| | If you believe that you have home energy of 8, then fill in the excess amount of home er | | | |
| | You must give your case trustee document amount claimed is reasonable and necessary | ation of your actual expenses, and you must show that the additional ary. | \$ | 0.00 |
| | | dren who are younger than 18. The monthly expenses (not more than expendent children who are younger than 18 years old to attend a private or | | |
| | You must give your case trustee document claimed is reasonable and necessary and r | ration of your actual expenses, and you must explain why the amount not already accounted for in lines 6-23. | | |
| | * Subject to adjustment on 4/01/28, and even | ery 3 years after that for cases begun on or after the date of adjustment. | \$ | 0.0 |
| | | The monthly amount by which your actual food and clothing expenses are g allowances in the IRS National Standards. That amount cannot be more as in the IRS National Standards. | | |
| | To find a chart showing the maximum additinstructions for this form. This chart may also | | | |
| | You must show that the additional amount | claimed is reasonable and necessary. | \$ | 0.0 |
| | Continuing charitable contributions. The instruments to a religious or charitable organizations. | e amount that you will continue to contribute in the form of cash or financial anization. 11 U.S.C. § 548(d)(3) and (4). | | |
| | Do not include any amount more than 15% | of your gross monthly income. | \$_ | 0.00 |
| | Add all of the additional expense deducted Add lines 25 through 31. | tions. | \$ | 0.00 |
| Dedu | uctions for Debt Payment | | | |
| | or debts that are secured by an interest bans, and other secured debt, fill in lines | in property that you own, including home mortgages, vehicle | | |
| | o calculate the total average monthly paym reditor in the 60 months after you file for ba | nent, add all amounts that are contractually due to each secured inkruptcy. Then divide by 60. | | |
| | Mortgages on your home | | Averag | e monthly |
| 33a. | Copy line 9b here | => | \$ | 950.00 |
| | Loans on your first two vehicles | | | |
| 33b. | Copy line 13b here | => | \$ | 343.88 |
| 33c. | Copy line 13e here | => | \$ | 0.00 |
| 33d. | List other secured debts | | | |
| Nam | e of each creditor for other secured debt | Identify property that secures the debt Does payment include taxes or insurance? | | |
| | | □ No | | |
| | -NONE- | Yes | \$ | |
| | | □ No | | |
| | | □ Yes | \$ | |
| | | | | |
| | | □ No □ Yes + | Φ. | |
| | | | * | |
| | | Copy | | |

Debtor 1

| Debtor 1 Debtor 2 | | James Stowe ie Goins Stowe | | | C | ase n | umber (<i>if known</i>) | | | |
|----------------------|-----------------------------------|--|---|--------------------------------|----------------|-------|---------------------------|------------------------|-------------------|----------|
| | | | ne 33 secured by your prima our support or the support o | | | :le, | | | | |
| | No. | Go to line 35. | | | | | | | | |
| • | Yes. | | u must pay to a creditor, in add ossession of your property (ca in the information below. | | | | | | | |
| Name | of the | creditor | Identify property that secure | s the de | ebt | To | otal cure amount | | Monthly amount | cure |
| 21st | Mort | gage Corp | 2095A Hwy 11 and 80 39301 Lauderdale Co | | | \$ | 2,172.80 | ÷ 60 = \$ | | 36.21 |
| | | | | | | \$ _ | | ÷ 60 = \$ | | |
| | | | | | | \$ | | ÷ 60 = +\$ | ; | |
| | | | | | Tota | al \$ | 36.21 | Copy total here= | > \$ | 36.21 |
| | | | such as a priority tax, child s of your bankruptcy case? 11 | | | that | | | | |
| | No. | Go to line 36. | | | | | | | | |
| | Yes. | | all of these priority claims. Do uch as those you listed in line? | | ude current or | | | | | |
| | | Total amount of all past- | due priority claims | | | \$ | 0.00 | ÷ 60 | \$ | 0.00 |
| 36. Pr | ojecte | d monthly Chapter 13 pla | n payment | | | \$ | 1,562.73 | | | |
| Of the To | fice of Exections Find a li | the United States Courts (futive Office for United States of district multipliers that inc | stated on the list issued by the or districts in Alabama and No es Trustees (for all other distric ludes your district, go online using st may also be available at the bar | rth Card ts). the link s | olina) or by | X | 10.00 | _ | | |
| Av | erage | monthly administrative exp | ense | | | | \$156.27 | Copy tot here=> | | 156.27 |
| 37. A | dd all | of the deductions for del | bt payment. Add lines 33e thro | ough 36 | i. | | | | \$ | 1,486.36 |
| Total | Deduc | tions from Income | | | | | | | | |
| 38. Ac | ld all c | of the allowed deductions | 3. | | | | | | | |
| | | ne 24, All of the expenses a e allowances | allowed under IRS | \$ | 4,946.8 | 83 | | | | |
| C | opy lir | ne 32, All of the additional e | expense deductions | \$ | 0.0 | 00 | | | | |
| C | opy lir | ne 37, All of the deductions | for debt payment | +\$ | 1,486.3 | 36_ | | | | |
| Т | otal de | eductions | | \$ | 6,433. | 19 | Copy total here= | > | \$ | 6,433.19 |

| or 1 or 2 | | l James S ie Goins | | | Cas | e numb | per (if known) | | |
|--|---|--|---|---|--|--------|---|--------------------|----------|
| 2: | Det | termine Yo | our Disposable Income Under | 11 U.S.C. § 1325(b) | (2) | | | | |
| | | | urrent monthly income from lin | | | | | \$ | 7,855.70 |
| ch dis rec | ildren ability ceived | The mont payments in accorda | ably necessary income you red thly average of any child support for a dependent child, reported in ance with applicable nonbankrup pended for such child. | payments, foster ca n Part I of Form 122 | re payments, or C-1, that you | \$ | (|).00 | |
| em in | nployeı 11 U.S | r withheld f 5.C. § 541(| retirement deductions. The more from wages as contributions for ob)(7) plus all required repayment C. § 362(b)(19). | qualified retirement p | lans, as specified | \$ | 125 | 5.70 | |
| . To | tal of | all deduct | ions allowed under 11 U.S.C. § | 707(b)(2)(A). Copy | line 38 here == | > \$ | 6,433 | 3.19 | |
| exp the | penses eir exp | s and you l enses. You | cial circumstances. If special c have no reasonable alternative, u must give your case trustee a c documentation for the expenses | describe the special detailed explanation | circumstances and | d | | | |
| scri | ibe the | e special o | circumstances | | Amount of expe | nse | | | |
| | | | | \$ | 3 | | | | |
| | | | | | 3 | | | | |
| | | | | \$ | 3 | | | | |
| | | | | | | 7 | | | |
| | | | | Total \$ | 0.00 | her | e=> \$ | 0.00 | |
| . To | tal ad | justments | . Add lines 40 through 43 | | => [| \$ | 6,558.89 | Copy here=> -\$ | 6,558.8 |
| . Ca | lculat | e your mo | onthly disposable income unde | er § 1325(b)(2). Subt | ract line 44 from li | ine 39 | 9. | \$ | 1,296.87 |
| 3: | ا د | anna in In | come or Expenses | | | | | | |
| s. Ch rep you bel 123 | lange oorted ur ban low. Fo 2C-1 ii | in income in this forn kruptcy pe or example n the first c | e or expenses. If the income in Fin have changed or are virtually contition and during the time your case, if the wages reported increase column, enter line 2 in the second en the increase occurred, and fill | ertain to change afte ase will be open, fill i d after you filed your d column, explain wh | er the date you filed in the information petition, check by the wages | d | | | |
| rm | | Line | Reason for change | | Date of change | | Increase or decrease? | Amount of chan | ge |
| 1220 1220 1220 1220 | C-2 C-1 | | | | | _ | ☐ Increase ☐ Decrease ☐ Increase ☐ Decrease ☐ Increase ☐ Increase | \$ \$ | |

| Debtor 1 Debtor 2 | Paul James Stowe Leslie Goins Stowe | Case number (if known) | | | | | |
|----------------------|---|------------------------|---|--|--|--|--|
| Part 4: | Sign Below | | | | | | |
| | By signing here, under penalty of perjury you declare that the inform | | on this statement and in any attachments is true and correct. | | | | |
| - | Paul James Stowe Signature of Debtor 1 | ^ | Leslie Goins Stowe Signature of Debtor 2 | | | | |
| - | April 14, 2025 MM / DD / YYYY | Date | April 14, 2025 MM / DD / YYYY | | | | |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | : | Liquidation |
|------------|----|--------------------|
| \$24 | 45 | filing fee |
| \$7 | 78 | administrative fee |
| + \$ | 15 | trustee surcharge |
| \$3 | 38 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$571 administrative fee

\$1,738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$78 | administrative fee |
| | \$278 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$78 | administrative fee |
| | \$313 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/forms/bankruptcy-forms

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses.

In Alabama and North Carolina, go to: http://www.uscourts.gov/services-forms/bankruptcy/cre dit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. B2030 (Form 2030) (12/15)

United States Bankruptcy Court Southern District of Mississippi

| In | Paul James Stowe 1 re Leslie Goins Stowe | | Case No. | | |
|------|--|--|---|---|-------------|
| | | Debtor(s) | Chapter | 13 | |
| | DISCLOSURE OF COM | IPENSATION OF ATTOR | NEY FOR DI | EBTOR(S) | |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. compensation paid to me within one year before the rendered on behalf of the debtor(s) in contemplation. | 2016(b), I certify that I am the attorne e filing of the petition in bankruptcy, or | ey for the above nar or agreed to be paid | ned debtor(s) and that to me, for services ren | dered or to |
| | For legal services, I have agreed to accept | | \$ | 4,000.00 | |
| | Prior to the filing of this statement I have rece | eived | \$ | 227.00 | |
| | Balance Due | | \$ | 3,773.00 | |
| 2. | The source of the compensation paid to me was: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 3. | The source of compensation to be paid to me is: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 4. | ■ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm. | | | | |
| | ☐ I have agreed to share the above-disclosed concopy of the agreement, together with a list of the state of | npensation with a person or persons when names of the people sharing in the content of the people sharing in the people sharing i | ho are not members compensation is atta | or associates of my lav | w firm. A |
| 5. | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: | | | | |
| | a. Analysis of the debtor's financial situation, and b. Preparation and filing of any petition, schedule: c. Representation of the debtor at the meeting of c d. [Other provisions as needed] Negotiations with secured creditors reaffirmation agreements and appli 522(f)(2)(A) for avoidance of liens of | s, statement of affairs and plan which is creditors and confirmation hearing, and s to reduce to market value; exer cations as needed; preparation a | may be required; I any adjourned hea mption planning | rings thereof; | ing of |
| 5. | By agreement with the debtor(s), the above-disclos Representation of the debtors in an any other adversary proceeding. | | | es, relief from stay | actions or |
| | | CERTIFICATION | | | |
| this | I certify that the foregoing is a complete statement is bankruptcy proceeding. | of any agreement or arrangement for p | payment to me for i | epresentation of the del | btor(s) in |
| | April 14, 2025 | /s/ Thomas C. Roll | | | |
| Date | | Thomas C. Rollins Signature of Attorney | • | | |
| | | The Rollins Law F | | | |
| | | P.O. Box 13767 | • | | |
| | | Jackson, MS 3923 601-500-5533 Fax | | | |
| | | trollins@therollins | | | |
| | | Name of law firm | | | |
| | | | | | |